

# The Fallacy Of Mental Illness

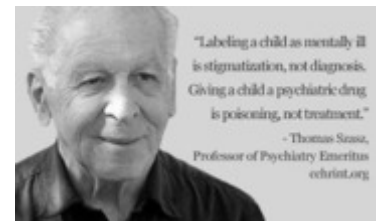
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Mental illness rates are increasing worldwide, even though more and more money is being spent on combatting it. This is quite an achievement for something that doesn't exist.

## The legendary Thomas Szasz.

The United States census of 1840 listed the term idiocy/insanity in its categories. By 1880, this had disappeared to be replaced by seven: dementia, dipsomania, epilepsy, mania, melancholia, monomania, and paresis.



The year 1952 saw the publication of the *Diagnostic and Statistical Manual of Mental Disorders*; now known as *DSM-1*, this slim book, produced by the American Psychiatric Association (as it is now known) contained no fewer than 106 categories.

The Second Edition, published in 1968, ran to 134 pages; page 39 listed neuroses such as anxiety neurosis and hysterical neurosis; phobic neurosis was described on page 40 as

**“intense fear of an object or situation which the patient consciously recognizes as no real danger to him”.**

On page 45, alcoholism includes episodic excessive drinking, habitual excessive drinking and alcohol addiction.

By 1987, the *DSM*, then in its Third Edition, had expanded to 567 pages. Sleep disorders including insomnia appeared from page 297; factitious disorders from page 315; pyromania on page 325; and on page 326, trichotillomania:

**“failure to resist impulses to pull out one’s own hair”.**

The Fifth Edition, published in May 2013, saw it expanded to nearly a thousand pages, and prompted one critic to ask ahead of publication, has the manual gone mental?

The list of disorders, what most people would call mental illnesses or mental conditions, continues to expand. Why is this? The simple answer is because they are voted into existence – incredible but true – and because a lot of people are making big money out of

promoting the concept of mental illness. This is where we meet Thomas Szasz.

Although a psychiatrist himself, Szasz became a vociferous critic of institutional psychiatry, drawing parallels between the profession and the Inquisition. He published a considerable body of work, but his two best known works are *The Myth Of Mental Illness* and, easier to read, *The Manufacture Of Madness*, in particular the 1997 Edition. Although he takes his argument to extremes, there is no refuting his thesis, which is?

An illness has a pathology, broadly speaking this can be a bacterium – eg salmonella, that causes food poisoning; a virus – the common cold; and degenerative diseases such as rheumatism. A degenerative disease may not be caused by an infectious agent, but in common with bacterial and viral infections, an autopsy on a sufferer will reveal its presence. Most of what are today called mental illnesses are either behaviours or beliefs, and neither of these can be a disease in any sense. An autopsy on a man who suffered from paranoia or a woman who suffered from depression will reveal no pathology.

Let us take this a step further, Parkinson's disease can lead to involuntary movements. Named after James Parkinson (1755-1824), its sufferers have included the late Muhammad Ali and the actor Michael J. Fox. If you see someone who is behaving oddly and are told that person suffers from Parkinson's disease, you don't think of that person as mentally ill; it is a neurological disease. As Szasz pointed out, when the pathology of a mental illness is discovered, that condition is removed from the list of mental illnesses and reclassified as a neurological disease. Which leaves us where?

Many so-called mental illnesses are manufactured by either the psychiatric profession or by "society". Two examples will suffice. In 1851, the American physician Samuel Cartwright came up with *drapetomania*. This was the imaginary mental affliction that made slaves attempt to escape. After all, why would any slave desire freedom? This may sound positively silly to us today, but throughout history all manner of perfectly reasonable beliefs and desires have been categorised as mental illness or something akin to it. Why would anyone not believe in God, the divine right of kings, or the superiority of socialism?

A more graphic example is that of male homosexuality. In this connection, Szasz writes:

**"In 1970, homosexuality was an illness so dangerous to the commonweal that the U.S. Immigration and Naturalization Service was charged with excluding homosexuals from entering the country...Today, homosexuality is a normal life style; disapproving of it is a mental illness called 'homophobia'".**

Indeed, within two generations, the entire Judeo-Christian morality of Western nations has been turned on its head with regard to this one issue. Many other behaviours and beliefs fall into the same category. So what is really going on here, and if mental illness does not exist, what does?

Much so-called mental illness is concerned with the behaviour of people who break society's rules. Society has countless rules, some spoken, some implied, and some we learn from the behaviour of others, especially when we are young. The most formal rules

are laws; people who break serious laws can find themselves in big trouble. We learn about laws in the first instance from our parents and guardians, but in later life things can get complicated. We learn massively in our first few years of life: things like taste, touch, perspective, walking, rudimentary language, understanding...Some people don't pick up on the rules at an early age, something that can cause trouble into their teens and adulthood. Others decide to break the rules when they are older. Probably the most frequent offenders are teenagers.

It is difficult to condemn any teenager for breaking rules, certainly anything less than murder or some other extremely serious crime, because for many, rule breaking is a rite of passage. Most such delinquents grow out of this phase without too much trouble, and in later life look back with embarrassment, shame, regret, and sometimes wonder at their behaviour which can include minor acts of criminal damage, promiscuity, sexual perversion, binge drinking, drug taking, and a whole lot more.

An extreme case of rule breaking in later life is that of the man known as the Naked Rambler. Former soldier Stephen Gough decided suddenly that clothes were not for him, and his jaunts the length and breadth of the UK have landed him in trouble with the law more than once. His behaviour is not an illness, he just doesn't care. Would he have been considered mentally ill or even deviant in ancient Greece where at one time the Olympic Games were performed in the nude?

These rules of society differ from nation to nation, from culture to culture, and are by no means easy to follow. They include dress codes. While a Western feminist might consider a Saudi woman *oppressed* because she wears a niqab, a Saudi woman might equally consider a feminist to be a slut because she wears a mini skirt. An Orthodox Moslem or an Orthodox Jew may refuse to shake hands with a woman; generally we accept this. What would be the reaction of a schoolteacher, a nurse or a businesswoman to a Westerner who refused to shake hands with a woman? In 1880, the age of consent in England was 13. Today, an adult male who has any kind of sexual relationship with a 15 year old will find himself in big trouble, and if he is significantly older than his victim will be regarded as sick as well as evil. And we haven't discussed things like diet, table manners, etc. Calling someone mentally ill because that person does not conform to societal norms is not a medical diagnosis, it is stigmatisation, whether or not that stigmatisation is warranted.

Another rule some people don't understand is professional distance, because it is not taught formally. People in certain professions, the medical profession for example, are required to keep a distance from those they serve, be they patients or clients, so don't be offended if your otherwise caring family doctor turns down an invitation to your birthday party.

Something on which we have already touched is the way society's rules change; in the West, over the course of especially the latter third of the Twentieth Century and on into the Twenty-First, there has been a concerted campaign to change society's rules by aggressive and at times dangerous legislation. Having decriminalised homosexual acts

between consenting adults, the powerful so-called LGBT lobby has pushed and pushed and pushed until not only are homosexual relationships to be considered *normal* but people holding dissenting opinions have been not simply stigmatised but in some cases criminalised. We have seen this too with the race relations lobby which has Draconian powers to penalise people – non-whites as well as whites – for the slightest infringement of their perceived norms. Much of this is done by the dishonest use of statistics, but this subject is beyond the scope of this dissertation.

What though of seriously self-destructive behaviour such as alcoholism, anorexia, gratuitous self-harming...? A case of sorts can be made out for classifying alcoholism and the abuse of other drugs – prescription or otherwise – as, if not mental illness then as some kind of illness because of the resultant physiological effects. At the end of the day though, an alcoholic is an alcoholic simply because he drinks too much.

Leaving aside the disdain for society's rules which some people have, there is an alternative hypothesis that explains most so-called mental illness, and the reason there is so much of it around today, regardless of whatever quackery goes into the next edition of the *DSM*. Our ancestors laboured long hours in a world without electricity, without medicine as we understand it today, without significant consumer goods, no beer in the fridge or frozen food in the icebox. Childbirth was positively dangerous for women. Even the kings of yore had it rough; Henry VIII died aged just 55 because of a leg injury sustained in his youth. Today, a pauper in England would have better medical care – and if Donald Trump keeps his word, so will a pauper in America.

Our ancestors suffered from so-called mental illness; those who were seriously afflicted or who were simply dirt poor with no means to support themselves might end up in a bedlam. Those were the lucky ones. For most people, depression or any other mental affliction was a luxury they could not afford. With the ascent of modern medicine, a very different problem arose. Although today it is considered unwise to even mention it, evolution was reversed, and continues to be reversed, those who would have been weeded out by natural selection are now outbreeding the rest of society. Although birth control has been around since the word no was invented, it is only with the advent of The Pill in the 1960s that women have really been able to control their fertility. This has resulted in the majority of intelligent women having either small families or none. Theresa May, the historian Lucy Worsley and the leading psychologist Elizabeth Loftus are all childless. Hillary Clinton has only one child; Oprah Winfrey – one of the most powerful and influential women in America – had one child at an early age, it was born premature and died. She did not have another.

In his essay *Child Mortality*, Max Roser points out that

***“in pre-modern countries child mortality rates were between 300 and 500 per 1,000 live births. In the late 19<sup>th</sup> century, every second child in Germany died before its fifth birthday”.***

In England at the turn of the Twentieth Century, infant mortality was still a staggering 140 per thousand. In 2010, it was 4.2 per thousand live births, the lowest ever recorded at that time. This is of course good news, but the downside is that many of those who survive are physically defective, others are mental defectives, and a few are both. In short, more weak people are living longer, and many of them can't cope. Replace the term mental illness with the word weakness, and the conundrum is solved. This should not be difficult to understand, because although life in the Twenty-First Century is a walk in the park compared with days of yore – for those of us who are not living in a war zone, etc – it is still hard. Some people find it a struggle even to get out of bed in the morning, much less hold down a regular job.

The stresses attached to modern life are also qualitatively different from those of a bygone age. People worry more, they get stressed out more, those who lead a peripatetic existence – musicians, actors, etc – suffer from serial marriage or at least serial adultery, and addiction problems related to alcohol and other drugs, legal and otherwise. While life at the bottom is hard, life at the top is often no walk in the park. In the 1970s and 80s especially, and even today, rock musicians are renowned for drink, drugs, and girls, girls, girls. True, many are big earners, but when you probe behind that romantic image you find men and not a few women who work damn hard, and some of them have been living this lifestyle for half a century, if you can imagine that.

Okay, as they age they slow down on the partying and the girls, especially the latter if their wives are around, but take a look at some of these guys and ask yourself how long you could keep up their pace. Writing material, arranging it, recording, rehearsing until note perfect, promotional work, and endless touring. People in less glamorous professions also put in the hours, at times anti-social hours, everyone from politicians great and small to doctors. They may be able to cope, but many people can't.

Here is a good analogy. The first London Marathon was held on March 29, 1981; 6,747 runners took part and 6,255 finished, which means just over 7% could not stay the course. Does that mean those who failed were suffering from *marathonitis* or some such exotic disease? No, they were simply not up to it. Doubtless a few more would have finished with sufficient dedication, resolution and training, but there will always be some people who can't stay the course, whatever that course is.

What caused these people to drop out of the race or any other marathon? There can be all manner of reasons: cramp, exhaustion, a stitch (chest pain), sore feet, dehydration... These are all reasons for someone failing to finish a marathon, they are not symptoms of an illness. It may be that while a particular individual cannot run anything like a marathon, he can run a mile or a sprint in an impressive time. Life is a marathon, and often the brightest stars burn the fastest. Let us now take two examples of talented women who had everything going for them but in effect committed suicide by proxy.

Child star Lena Zavaroni was both a singer and an actress, training at the *Italia Conti* like the great Noël Coward. She performed at the White House, and had her own show as a teen and young adult. A diminutive, stunningly attractive redhead, she would surely either

continue with a film career or celebrity marriage, quite likely both. Instead, she struggled with *anorexia nervosa*. She married a professional in her twenties, but eighteen months later they parted company. She appears to have been all grasshopper no ant, and by 1999 she was broke, living on state benefits. What might have been an all-time low came that same year when she was accused of stealing a packet of sweets, but much worse was to come, she died October 1, a month before her 36<sup>th</sup> birthday.

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### **The tragic Karen Carpenter.**

Even more tragic was Karen Carpenter. She formed The Carpenters with her older brother and songwriter Richard. Like Lena Zavaroni she was stunningly attractive, and even more talented. She played the drums, but it was her wonderful, contralto voice that set her apart from other female singers. Although not a child star, her talent was quickly recognised, and from 1969 The Carpenters released a series of albums, earning

international acclaim. Like Lena, Karen Carpenter's marriage was short lived, and she too suffered from anorexia, which was the principal cause of her death a month before her thirty-third birthday.

To call either of these lovely, talented, tragic women mentally ill does what exactly? They had it all, both of them, and threw it all away. Others who are wealthy and/or famous but not so attractive tend to attract little sympathy from people lower down the food chain; this does not mean their suffering is any less real, but neither does it mean they are mentally ill.

Just as self-destructive behaviour is not an illness, neither is behaviour that destroys the lives of others. Three years ago, the wealthy banker Rurik Jutting tortured and murdered two prostitutes in Hong Kong. At his trial in October last year, his legal team had the temerity to produce a forensic psychiatrist as an expert witness who claimed Jutting suffered from *inter alia* sexual-sadism disorder. Which is what, exactly? It is not a mental illness, it is simply a description, namely this guy enjoys torturing people, it gives him sexual satisfaction. Jutting is not a victim, he is a perpetrator, any sickness from which he suffers is a spiritual one, meaning he should consult a priest rather than a psychiatrist.

An absurd *mental condition* that straddles self-destructive and socially destructive behaviour is post-traumatic slavery disorder/syndrome, the brainchild of a black American academic. Yes, they really do pay people to come up with this rubbish. According to Dr Joy DeGruy, the reason so many American blacks engage in anti-social behaviour – everything from petty drug dealing to rape to murder to indiscriminate rioting – is not because of simple character faults or the usual cop outs, but because some of their ancestors were slaves. One wonders what American blacks of earlier generations would have made of this: jazzman Louis Armstrong – the grandson of slaves and son of a prostitute; film director Oscar Micheaux who was born into poverty; or even Chuck Berry, who although coming from a middle class background could have thrown away his future due to youthful follies but instead turned his life around becoming the singular most important figure in contemporary music.

Although post-traumatic slavery disorder is unlikely to ever find its way into the *DSM*, some of its entries are even sillier, as we have already seen.

We should mention here one state of mind that is again not a mental illness, but is seen widely in those claimed to be mentally ill, namely malingering. Broadly speaking this means feigning some mental affliction. People do this from all manner of motives, but probably the most common is an inability to cope with life. In other words, these people are seeking an easy ride, or at least an easier ride than they have.

Okay, so mental illness does not exist, and we have identified the real problems, what is the solution? Thomas Szasz was totally opposed to forced medication, and he is far from the only one. Next to him, the most outspoken critic of the psychiatric industry is the American doctor Peter Breggin. His solution is basically a little kindness. At a presentation in London in the 1990s, during which he almost came to blows with

Professor Antony Flew, he put it in simple terms. If a man wants to stand in the road naked directing the traffic, that is okay with him, but if he wants to come along to Breggin's office and talk about this, that is fine too.

Whether or not he actually coined the phrase, Breggin published a book called *Toxic Psychiatry* (which he promoted during his aforementioned London visit). In this and his other writings he warns against the use of mind-altering drugs, which lie at the heart of modern psychiatry. We need not here go into the relationship between psychiatry and the drug companies, it will suffice to say that drugs should be used only as a last option if ever for any mental condition, because all drugs have side-effects, and very often the cure is worse than the disease. To take just one example, side-effects of the common anti-depressant Prozac include but are not limited to: anxiety, cold sweats, confusion, difficulty with concentration, headache, shakiness or unsteady walk, trouble with breathing, unusual tiredness or weakness.

Mind-altering drugs have also been associated with suicide, murder, and most sinister of all, with mass shootings, particularly in the United States.

The bottom line is that the narrative of spiritual suffering as an illness should be abandoned. This would be bad news for the drug companies and a disaster for the psychiatric profession, but if we want to stop people committing suicide, squandering their lives, living in torment, or making life unbearable for the rest of us, we need to adopt an entirely new approach, one that does not stigmatise people unduly for what is considered anti-social behaviour, and that even more importantly recognises the simple fact that we all have our limits, and for some people those limits are far more restricted than for the rest of us.

Let us return to the marathon analogy. While around 7% of runners could not complete the London Marathon, imagine if they had been given not an afternoon but a full weekend, or even a week to complete it. The latter would require running or even simply walking less than four miles per day. On those terms, many people who would be dicing with death trying to run a marathon could complete the course with ease. Perhaps many of the so-called mentally ill need simply to slow down and live life at their own pace, or to change their environments.

It is thoroughly documented that a bad environment can cause mental aberration. Prisoners who are held in solitary confinement for long periods have been known to go *nuts*. Put a reasonably intelligent person in a cell with nothing to do, and what else would you expect? Put people in crowded conditions for long periods and they will end up fighting. An extraordinary exception to that rule was the 2010 Chilean mining disaster which saw 33 men trapped 700 metres underground for 69 days. This was arguably the most inspirational story of the Twenty-First Century to date because all were rescued and were found to be in what might be called exceptional health considering their ordeal. They were said to have built a community, totally unlike the mad scramble for lifeboats that might result from a rapidly sinking ship.

Any *bad environment* can result in people suffering mental aberration or breakdown. Certain types of air pollution are known to result in behavioural and/or emotional problems for especially the young. As with solitary confinement, replace the bad environment with a good one, and the mental well-being of the affected persons will improve.

One suspects that for most of the people said to be suffering from mental illness, the biggest obstacles they will have to overcome are financial in some sense, so perhaps we need to restructure society not simply for them, but for the rest of us.

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